

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 499 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7562	2. Fiscal Year Covered From: 1 / 01 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing.	
Name Thomas J Spear	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any Rm 103	Name Tricklayers & Allied Craftworkers
Street 8400 Enterprise Way	Labor Organization File Number 531787
City Oakland	P.O. Box, Building and Room Number, if any Rm 103
State Calif	Street 8400 Enterprise Way
ZIP Code + 4 94621	City Oakland
State Calif	ZIP Code + 4 94621
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name -----	-----
Trade Name, if any: -----	-----
P.O. Box, Bldg., Room No., if any -----	-----
Street -----	-----
City -----	-----
State -----	-----
ZIP Code + 4 -----	-----

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas Spear

On

8/27/05

Date

510-632-8781

Telephone Number

Name of Person Filing <i>Thomas P Spear</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name *Allied Administrators*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street *623 Battery St*

City *San Francisco*

State *Calif.* ZIP Code + 4 *94111*

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Northern California Fleet Industry*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street *623 Battery St*

City *SAN FRANCISCO*

State *Calif.* ZIP Code + 4 *94111*

11.a. Nature of such dealing.

Apprenticeship Instruction

11.b. Approximate dollar value of such dealing. *\$10,307.56*

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing Thomas Spear

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Allied Administrators
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street 633 Battery St
 City San Francisco
 State Calif ZIP Code + 4 94111

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Brick 7 Pension Trust
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street 633 Battery St
 City San Francisco
 State Calif ZIP Code + 4 94111

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

Trust meetings
3/6/94 6/10/94 9/7/94 11/10/94

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Parking Reimbursement

12.b. Amount.

\$70.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Allied Administrators
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street 633 Battery St
 City San Francisco
 State Calif ZIP Code + 4 94111

14.a. Nature of payment.

Brick 7 Pension Holiday Bonus
12/6/94
120 Industry Holders honored
8/11/93

13.b. Is the Business an Employer or Consultant

7

14.b. Amount of payment.

178.67